



## Birdshot Uveitis Society Factsheet

### About Birdshot Chorioretinopathy (short version)

**Please use this factsheet as background information to aid discussion with your doctors. Individual cases may vary enormously, so the best information will always come from your own doctors. The information in this factsheet has been checked for accuracy by leading uveitis specialists.**

**Birdshot chorioretinopathy** or birdshot retinochoroidopathy (usually shortened to 'birdshot') is a rare, potentially sight-threatening, chronic posterior uveitis which usually affects both eyes. It is believed to be an autoimmune disease. The age of onset is often between 45 and 55 years, although it can first occur in much younger and older people.

**History:** Birdshot is a relatively new disease. It was discovered in 1949 and first described as 'birdshot' in 1980. It is still widely misunderstood and unrecognised.

**Symptoms and course:** first symptoms of birdshot are usually floaters and/or blurred vision, often with little noticeable effect on your ability to see. However, symptoms can appear very rapidly. Symptoms can include difficulty seeing in the dark, flashing lights, dislike of bright lights and painful eyes, though birdshot is generally painless.

The progress of the disease is usually a gradual difficulty with seeing involving one or both eyes. At first, you may continue to see well but then start to have problems with your night vision and colour vision.

Birdshot is chronic (it lasts a long time) and needs treatment to prevent inflammation continuing at the back of the eyes. If left untreated, the continuing inflammation can lead to macular oedema. This is a swelling of the macular layer in the eye which can cause visual loss.

**Diagnosis and testing:** because it is a rare disease, birdshot can often be misdiagnosed or missed altogether, particularly as the birdshot spots in the eyes are often not clearly visible at first. There is no single diagnostic test for birdshot. Usually, more common eye diseases are first ruled out, and then a blood test is done to see if you are HLA-A29 positive. HLA-A29 is an antigen associated with birdshot. Most, though not all, people who develop birdshot carry this antigen.

If you have been diagnosed with birdshot, or are being tested for it, you are likely to have several tests which involve taking images of the back of your eyes to find out how much damage, if any, has already happened to your vision. These tests may include fundus fluorescein angiography (FFA), indocyanine green angiography (ICG), optical coherence tomography (OCT), electroretinogram (ERG) and visual field tests.

**Treatment:** this has to be tailored to suit you and will be regularly monitored.

The goal of treatment is to find the lowest doses of medication that will allow you to maintain your eyesight and stabilise your birdshot, then allow you to reach remission.

Your treatment will depend on the results of any of the above tests and your own visual and medical history. The current method of treating birdshot is usually a combination of corticosteroids (steroids) to reduce the inflammation plus immunosuppressants to stop your immune system attacking your eyes. Steroids can be given by mouth (orally) or directly into the eye by injection or implant.

If you are taking oral steroids, you should be assessed for your risk of damage to your bones (osteoporosis): your fracture risk. The results of this assessment may mean that you have to take medication to help prevent bone loss.

You may also need other medications to control other side-effects of your treatments.

If the first selected treatments prove unsuccessful and eye inflammation returns, there are other medications that can be used which may suit you better.

There is research going on to try to get evidence for the best kinds of birdshot treatments.

Overall, the management of your treatment should aim to maximise your wellbeing on it and prevent unnecessary side-effects.

## Further information and support

**Birdshot Uveitis Society (BUS)** provides information and support to anyone with birdshot. We are setting up a birdshot patient database and biobank to help birdshot scientists and researchers.

Membership of BUS is free of charge. It allows you access to birdshot Days held in the UK, where professionals and patients come together to exchange information.

<b>Useful Birdshot Uveitis Society links</b>	
Website	<a href="https://birdshot.org.uk">https://birdshot.org.uk</a>
Address	Birdshot Uveitis Society, PO Box 64996, London SW20 2BL
Facebook support group	<a href="https://facebook.com/groups/Birdshot/">https://facebook.com/groups/Birdshot/</a>
Twitter	<a href="https://twitter.com/birdshotcharity">https://twitter.com/birdshotcharity</a>
YouTube channel	<a href="https://www.youtube.com/user/Birdshot100/videos">https://www.youtube.com/user/Birdshot100/videos</a>
Audio interviews	<a href="https://audiomack.com/artist/birdshot-recordings">https://audiomack.com/artist/birdshot-recordings</a>  Recordings of patients, partners and consultants talking about birdshot uveitis.

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